
 <div style="display: inline-block; vertical-align: middle;"> EPA United States Environmental Protection Agency Washington, DC 20460 </div>		<input checked="" type="checkbox"/> Registration PRIA R310 <input type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide - Section I			
1. Company/Product Number 70506-XXX		2. EPA Product Manager Venus Eagle	
4. Company/Product (Name) SHENZI™ WG INSECTICIDE		3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and Address of Applicant (Include ZIP Code) UPL NA Inc. 630 Freedom Business Center, Suite 402 King of Prussia, PA 19406 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(I), my product is similar or identical in composition and labeling to: EPA Reg. No. 279-9606, 279-9612 and 279-9607 Product Name <u>Coragen Insect Control, Prevathon Insect Control and Altacor Insect Control</u>	
Section - II			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> Notification - Explain below. </div> <div> <input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application <input checked="" type="checkbox"/> Other - Explain below </div> </div>			
Explanation: Use additional page(s) if necessary. (For Section I and Section II.) PRIA R310 New Product registration application. Please see attached cover letter for additional information.			
Section - III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No *Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Unit Packaging wgt. No. per container	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Package wgt. No. per container	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify)
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 10 and 16 ounces	
		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input checked="" type="checkbox"/> On labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input checked="" type="checkbox"/> Other <u>Sticker</u> <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			
Section - IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)			
Name Jeanette A. Covert		Title Regional Regulatory Manager	
		Telephone No. (Include Area Code) 267-400-2766	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Regional Regulatory Manager	
4. Typed Name Jeanette A. Covert		5. Date 9-8-2021	